



## **SB 492, coverage for orally administered anticancer medication - OPPOSE**

The following comments are provided on behalf of America's Health Insurance Plans (AHIP) concerning SB 492, which would require a health insurance policy to provide equal treatment for coverage of orally administered anticancer medication and intravenously administered or injected anticancer medications. AHIP is the national association whose members provide coverage for health care and related services. Our members offer health and wellness products in every insurance market, in every state, to individuals, families, small and large businesses as well as Medicaid and Medicare beneficiaries. Through these offerings, we improve and protect the health and financial security of consumers, families, businesses, communities and the nation. We are committed to market-based solutions and public-private partnerships that improve affordability, value, access, and well-being for consumers.

Health insurance plans have taken important steps over the last decade to address the critical issues of increasing access to innovative, quality health care products and cost control mechanisms that would better allow individuals and small businesses to obtain coverage in the private market. SB 492 threatens the efforts of all health care stakeholders to provide consumers with meaningful health care choices and affordable coverage options and we respectfully urge you to oppose this piece of legislation that will negatively impact consumers and offer the following comments.

### **Oral chemotherapy is significantly more expensive than traditional intravenous (IV)**

**treatment.** Oral chemotherapy medications cost as much as \$10,000 per month. Co-pays and other forms of cost sharing are substantially higher for oral chemotherapy. Unlike traditional IV treatment, which is considered part of the medical benefit, oral chemotherapy, is reimbursed as a specialty pharmaceutical through a retail pharmacy. Specialty pharmaceuticals, targeted to small populations of the public, are among the most expensive pharmaceuticals on the market, contributing to explosive growth in costs that is making health care more expensive for everyone. An affordable, sustainable health care system for individuals and businesses must reduce the cost of coverage while covering more people – not increase costs for everyone through new, unproven coverage mandates.

**Proposed state coverage mandates, such as for oral chemotherapy, should be proven to benefit patients by being more clinically and cost effective — or not approved.** Evidence-based standards are important to ensuring that patients receive services that are not only necessary, but also effective and beneficial to the patient. Adopting an oral chemotherapy mandate without evidence of better outcomes than the more cost-efficient IV-administered chemotherapy may lead to over-utilization and higher costs for all policyholders.

**Despite new ways of administering chemotherapy, oral chemotherapy continues to require direct oversight by qualified medical professionals to ensure patient safety.** Oral treatment shifts this responsibility away from physicians and nurses onto patients, making monitoring for toxicity, dosage, frequency and side effects much riskier. Additionally, there are concerns regarding patient adherence to treatment regimens. A reduction in provider-patient interaction threatens the effectiveness of the patient's treatment plan.

For these reasons, AHIP must respectfully oppose SB 492. We appreciate the opportunity to provide feedback on this bill and look forward to being a resource for you.